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[https://www.sos.state.co.us/..il.do?quitButtonDestination=BusinessEntityResults&nameTyp=ENT&entityId2=20101043520&srchTyp=ENTIT&field=20101043520&masterField=20101043520\[3/7/2017 10:03:40 AM\]](https://www.sos.state.co.us/..il.do?quitButtonDestination=BusinessEntityResults&nameTyp=ENT&entityId2=20101043520&srchTyp=ENTIT&field=20101043520&masterField=20101043520[3/7/2017 10:03:40 AM])
Ostrum Attachment AX-2

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Colorado Secretary of State - History and Documents



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Name: White Flash, LLC, Dissolved December 19, 2011

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ID number: 20101043520

History and Documents

Found 5 matching record(s). Viewing page 1 of 1.

| # | Event | Date Filed | Date Posted | Effective Date | Document # (click to view) | Comment |
|---|---|------------|-------------|---------------------|-------------------------------|------------------------------------|
| 1 | Articles of Organization | 01/21/2010 | 01/21/2010 | 01/21/2010 04:48 PM | 20101043520 | |
| 2 | postcard notification printed 12/23/2010 to be mailed 01/01/2011 | 12/23/2010 | 12/23/2010 | 12/23/2010 04:08 AM | | periodic report due: 03/31/2011 |
| 3 | Report | 01/26/2011 | 01/26/2011 | 01/26/2011 04:06 PM | 20111054091 | |
| 4 | Articles of Amendment | 05/06/2011 | 05/06/2011 | 05/06/2011 12:35 PM | 20111269653 | Change of Entity Name |
| 5 | Articles of Dissolution | 12/19/2011 | 12/19/2011 | 12/19/2011 11:39 AM | 20111694112 | |

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Date and Time: 01/21/2010 04:48 PM
ID Number: 20101043520

Document number: 20101043520
Amount Paid: \$50.00

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Whitening Fast, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

6260 Lookout Road

(Street number and name)

Boulder

(City)

CO

80301

(State) (ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Berg Hill Greenleaf & Ruscitti LLP

Street address

1712 Pearl Street

(Street number and name)

Boulder

(City)

CO

80302

(State) (ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

CO

(ZIP Code)

(The following statement is adopted by marking the box.) The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name

(if an individual)

(Last) (First) (Middle) (Suffix)

OR

(if an entity)

Convertis, LLC

(Caution: Do not provide both an individual and an entity name.)

Mailing address

6260 Lookout Road

(Street number and name or Post Office Box information)

Boulder

CO 80301

(City)

(State) (ZIP/Postal Code)

United States

(Province - if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.) The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.) one or more managers.**OR** the members.6. *(The following statement is adopted by marking the box.)* There is at least one member of the limited liability company.7. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)* This document contains additional information as provided by law.8. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)**(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

| | | | |
|--|----------------|--------------------------|-----------------|
| Preston | Johnson | | |
| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| Berg Hill Greenleaf & Ruscitti LLP | | | |
| <i>(Street number and name or Post Office Box information)</i> | | | |
| 1712 Pearl Street | | | |
| Boulder | CO | 80302 | |
| <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> | |
| United States | | | |
| <i>(Province – if applicable)</i> | | | |
| <i>(Country)</i> | | | |

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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Date and Time: 05/06/2011 12:35 PM
ID Number: 20101043520

Document number: 20111269653
Amount Paid: \$25.00

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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20101043520

1. Entity name: Whitening Fast, LLC

(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name:
(if applicable) White Flash, LLC

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box:

6. *(Optional)* Delayed effective date:

(mm/dd/yyyy)

Notice:

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

| | | | |
|--|---------|-----------------------|----------|
| Quintana | Jackie | | |
| (Last) | (First) | (Middle) | (Suffix) |
| Berg Hill Greenleaf & Ruscitti LLP | | | |
| 1712 Pearl Street <small>(Street name and number or Post Office Box information)</small> | | | |
| Boulder | CO | 80302 | |
| (City) | (State) | (Postal/Zip Code) | |
| United States | | | |
| (Province - if applicable) | | (Country - if not US) | |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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6. Registered agent mailing address:
(if different from above)

| | | |
|---|---------|-----------------------|
| (Street name and number or Post Office Box information) | | |
| _____ | | |
| (City) | (State) | (Postal/Zip Code) |
| (Province – if applicable) | | (Country – if not US) |

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

| | | | |
|---|---------|-----------------------|----------|
| Quintana | Jackie | | |
| (Last) | (First) | (Middle) | (Suffix) |
| Berg Hill Greenleaf & Ruscitti LLP | | | |
| (Street name and number or Post Office Box information) | | | |
| 1712 Pearl Street | | | |
| Boulder | CO | 80302 | |
| (City) | (State) | (Postal/Zip Code) | |
| United States | | (Country – if not US) | |
| (Province – if applicable) | | | |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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Summary

| Details | | | |
|---|--|-----------------------|---------------------------|
| Name | Wild Farms, LLC | | |
| Status | Good Standing | Formation date | 01/21/2010 |
| ID number | 20101043557 | Form | Limited Liability Company |
| Periodic report month | May | Jurisdiction | Colorado |
| Principal office street address | 2 West Dry Creek Circle, Suite 100, Littleton, CO 80120, United States | | |
| Principal office mailing address | n/a | | |

Registered Agent

| | |
|------------------------|--|
| Name | NATIONAL CORPORATE RESEARCH, LTD. |
| Street address | 12649 WEST WARREN AVENUE, LAKWOOD, CO 80228, United States |
| Mailing address | n/a |

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|----|---|------------|-------------|---------------------|-------------------------------|--|
| 1 | Articles of Organization | 01/21/2010 | 01/21/2010 | 01/21/2010 04:58 PM | 20101043557 | |
| 2 | postcard notification printed 12/23/2010 to be mailed 01/01/2011 | 12/23/2010 | 12/23/2010 | 12/23/2010 04:08 AM | | periodic report due: 03/31/2011 |
| 3 | Report | 01/26/2011 | 01/26/2011 | 01/26/2011 04:22 PM | 20111054165 | |
| 4 | Statement of Change | 12/16/2011 | 12/16/2011 | 12/16/2011 02:43 PM | 20111691590 | Registered agent information changed; |
| 5 | postcard notification printed 12/23/2011 to be mailed 01/01/2012 | 12/23/2011 | 12/23/2011 | 12/23/2011 03:04 AM | | periodic report due: 03/31/2012 |
| 6 | Change in Status: Noncompliant for failure to file Periodic Report | 04/01/2012 | 04/01/2012 | 04/01/2012 01:44 AM | | Periodic Report due by: 06/30/2012 |
| 7 | Change in Status: Delinquent for failure to file Periodic Report | 07/01/2012 | 07/01/2012 | 07/01/2012 02:12 AM | | Failure to file periodic report |
| 8 | Statement Curing Delinquency | 07/05/2012 | 07/05/2012 | 07/05/2012 02:21 PM | 20121369396 | |
| 9 | Periodic Report due | 06/23/2013 | 06/23/2013 | 06/23/2013 02:48 AM | | Periodic report due by: 09/30/2013 |
| 10 | Periodic Report due in one week | 09/24/2013 | 09/24/2013 | 09/24/2013 02:11 AM | | Periodic report due by: 09/30/2013 |
| 11 | Change in Status: Noncompliant for failure to file Periodic Report | 10/01/2013 | 10/01/2013 | 10/01/2013 01:43 AM | | Entity noncompliant and will become delinquent on: |

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 Ostrum Attachment AY-3

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| | | |
|--|---|--|
| 12 Change in status in one week: Delinquent for failure to file Periodic Report | 11/26/2013 11/26/2013 11/26/2013 09:54 AM | 11/30/2013 One week until delinquent: 11/30/2013 |
| 13 Change in status in one week: Delinquent for failure to file Periodic Report | 11/26/2013 11/26/2013 11/26/2013 11:39 AM | One week until delinquent: 11/30/2013 |
| 14 Change in Status: Delinquent for failure to file Periodic Report | 12/01/2013 12/01/2013 12/01/2013 02:00 AM | Entity has become delinquent for failure to file Periodic Report |
| 15 Statement Curing Delinquency | 12/20/2013 12/20/2013 12/20/2013 11:00 AM 20131723452 | |
| 16 Statement of Change | 07/30/2014 07/30/2014 07/30/2014 11:27 AM 20141465552 | Registered agent information changed; |
| 17 Periodic Report due | 11/23/2014 11/23/2014 11/23/2014 03:58 AM | Periodic report due by: 02/28/2015 |
| 18 Periodic Report due in one week | 02/24/2015 02/24/2015 02/24/2015 02:03 AM | Periodic report due by: 02/28/2015 |
| 19 Change in Status: Noncompliant for failure to file Periodic Report | 03/01/2015 03/01/2015 03/01/2015 01:34 AM | Entity noncompliant and will become delinquent on: 04/30/2015 |
| 20 Change in status in one week: Delinquent for failure to file Periodic Report | 04/24/2015 04/24/2015 04/24/2015 02:18 AM | One week until delinquent: 04/30/2015 |

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 ID number: 20101043557

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|----|--|------------|-------------|---------------------|-------------------------------|--|
| 21 | Change in Status: Delinquent for failure to file Periodic Report | 05/01/2015 | 05/01/2015 | 05/01/2015 01:43 AM | 20151301139 | Entity has become delinquent for failure to file Periodic Report |
| 22 | Statement Curing Delinquency | 05/01/2015 | 05/01/2015 | 05/01/2015 10:18 AM | 20151301139 | |
| 23 | Periodic Report due | 04/23/2016 | 04/23/2016 | 04/23/2016 02:22 AM | | Periodic report due by: 07/31/2016 |

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Date and Time: 01/21/2010 04:58 PM
ID Number: 20101043557

Document number: 20101043557
Amount Paid: \$50.00

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Wild Farms, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

2 West Dry Creek Circle

(Street number and name)

Suite 100

Littleton

(City)

CO

80120

(State) (ZIP/Postal Code)

United States

(Province - if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province - if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

OR

(if an entity)

Berg Hill Greenleaf & Ruscitti LLP

(Caution: Do not provide both an individual and an entity name.)

Street address

1712 Pearl Street

(Street number and name)

Boulder

(City)

CO

80302

(State) (ZIP Code)

Mailing address
(leave blank if same as street address)

(Street number and name or Post Office Box information)

_____ **CO** _____
(City) (State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual)

_____ (Last) (First) (Middle) (Suffix)

OR

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Whitening Fast, LLC

Mailing address

6260 Lookout Road

(Street number and name or Post Office Box information)

Boulder CO 80301
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

OR

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
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Notice:

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

| | | | |
|--|----------------|--------------------------|-----------------|
| Johnson | Preston | | |
| <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> | <i>(Suffix)</i> |
| Berg Hill Greenleaf & Ruscitti LLP | | | |
| <i>(Street number and name or Post Office Box information)</i> | | | |
| 1712 Pearl Street | | | |
| Boulder | CO | 80302 | |
| <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> | |
| United States | | <i>(Country)</i> | |
| <i>(Province – if applicable)</i> | | | |

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

| Harrington-Schreiber | Elin | P. |
|---|---------|-------------------|
| (Last) | (First) | (Middle) |
| Berg Hill Greenleaf Ruscitti LLP | | |
| (Street name and number or Post Office Box information) | | |
| 1712 Pearl Street | | |
| Boulder | CO | 80302 |
| (City) | (State) | (Postal/Zip Code) |
| United States | | |
| (Province - if applicable) | | |
| (Country - if not US) | | |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

Colorado Secretary of State - Search Results



[Business Home](#)
[Business Information](#)
[Business Search](#)

[FAQs, Glossary and Information](#)

Search Results

1 2

[\[Next 1 >\]](#)

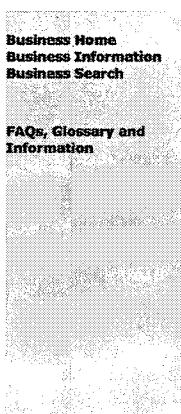
Found 11 matching record(s). Viewing page 1 of 2.

| # | ID Number | Document Number | Name | Status | Form | Effective Date | Comment |
|----|-----------------------------|-----------------|--------------------------|-----------|------|---------------------|---------|
| 1 | 20101434827 | 20101434827 | IvoryWhite Tools | Effective | DLLC | 08/04/2010 10:32 AM | |
| 2 | 20101490275 | 20101490275 | OrthoWhite Tools | Effective | DLLC | 09/01/2010 04:11 PM | |
| 3 | 20111053518 | 20111053518 | BellaBrite Tools | Effective | DLLC | 01/26/2011 01:54 PM | |
| 4 | 20111055460 | 20111055460 | Ultimate Facial Tools | Effective | DLLC | 01/27/2011 10:41 AM | |
| 5 | 20121406882 | 20121406882 | Smile Pro Tools | Effective | DLLC | 07/27/2012 09:25 AM | |
| 6 | 20121445759 | 20121445759 | YouthEFX Tools | Effective | DLLC | 08/17/2012 09:57 AM | |
| 7 | 20121489452 | 20121489452 | SkinnyIQ Tools | Effective | DLLC | 09/04/2012 10:22 AM | |
| 8 | 20121571322 | 20121571322 | Beauty by Provence Tools | Effective | DLLC | 10/16/2012 10:29 AM | |
| 9 | 20121676584 | 20121676584 | BlizzardWhite Tools | Effective | DLLC | 12/06/2012 02:01 PM | |
| 10 | 20121677009 | 20121677009 | EyepothesisTools | Effective | DLLC | 12/06/2012 03:52 PM | |

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Colorado Secretary of State - Search Results



Search Results

1 2

Found 11 matching record(s). Viewing page 2 of 2.

| # | ID Number | Document Number | Name | Status | Form | Effective Date | Comment |
|----|-------------|-----------------|---------------------|-----------|------|---------------------|---------|
| 11 | 20141687836 | 20141687836 | Genuine White Tools | Effective | DLLC | 11/10/2014 10:25 PM | |

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PX1

Ostrum Attachment AZ

Corporate Records



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 12/17/2013 12:01 PM
ID Number: 20131717853
Document number: 20131717853
Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Foreign Entity Authority
filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20131717853
(Colorado Secretary of State ID number)

Entity name **Juniper e-Solutions, LLC**

True name
(if different from the entity name) Juniper Solutions, LLC

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity **Foreign Limited Liability Limited Partnership**

Jurisdiction **Nevada**

3. The principal office address of the entity's principal office is

711 S Carson Street

(Street number and name)

Suite 4

Carson City **NV** **89701**
(City) **(State)** **(ZIP/Postal Code)**
United States **(Country)**
(Province – if applicable)

Mailing address _____
(leave blank if same as street address) _____ *(Street number and name or Post Office Box information)*

(City) (State) (ZIP/Postal Code)
(Province - if applicable) (Country).

4. The registered agent name and registered agent address of the entity's registered agent are

Name
(if an individual) _____ (Last) _____ (First) _____ (Middle) _____ (Suffix)
or

(if an entity) Registered Agents of Nevada, Inc.
(Caution: Do not provide both an individual and an entity name.)

(Caution: Do not provide both an individual and an entity name.)

Street address711 S Carson Street*(Street number and name)*Carson City*(City)*CO89701*(ZIP Code)*Mailing address*(leave blank if same as street address)*4743 Kincross Court*(Street number and name or Post Office Box information)*BOULDER*(City)*CO80301*(ZIP Code)**(The following statement is adopted by marking the box.)* The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 12/17/2013.
(mm/dd/yyyy)

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*
 This document contains additional information as provided by law.

7. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

McNea*(Last)*Blair*(First)**(Middle)**(Suffix)*4743 Kincross Court*(Street number and name or Post Office Box information)*BOULDER*(City)*CO80301*(ZIP/Postal Code)*United States*(Province - if applicable)**(Country)**(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

PX1

Ostrum Attachment BA

Corporate Records



eCorp



Search Date and Time:

3/7/2017 2:16:56 PM

Search for an Entity Name

File Number:
L17746052

Corporation Name:
ACTION PRO WHITE, LLC

[Collapse](#) | [Expand](#)

Corporate Inquiry

| File Number | Corporation Name | Check Corporate Status |
|-------------|-----------------------|---|
| L17746052 | ACTION PRO WHITE, LLC | <input type="button" value="Check Corporate Status"/> |

Domestic Address

7702 E DOUBLETREE RANCH RD
STE 300
SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: NATIONAL CORPORATE RESEARCH LT

Agent Mailing/Physical Address:
815 N FIRST AVE STE 4

PHOENIX, AZ 85003

Agent Status: APPOINTED 05/13/2014

Agent Last Updated: 05/14/2014

Additional Entity Information

Entity Type: DOMESTIC L.L.C.

Business Type:

Incorporation Date: 7/11/2012

Corporation Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 7/13/2012

Original Publish Date: 7/30/2012

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|------------------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC A NV LLC | MANAGER | 7702 E DOUBLETREE RANCH RD STE 300 SCOTTSDALE, AZ 85258 | 07/11/2012 | 07/13/2012 |
| WAVE ROCK LLC A NV LLC | MEMBER | 7702 E DOUBLETREE RANCH RD STE 300 SCOTTSDALE, AZ 85258 | 07/11/2012 | 07/13/2012 |

Scanned Documents

Click on a gold button below to view a document. If the button is gray, the document is not yet available.
Please check back again later.

| Document Number | Description | Date Received |
|-----------------|---------------------------------|---------------|
| 04671498 | AGENT APPOINTMENT | 5/13/2014 |
| 03991517 | PUB OF ARTICLES OF ORGANIZATION | 7/30/2012 |
| 03943973 | ARTICLES OF ORGANIZATION | 7/11/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32332074017 | 7/11/2012 | ARTICLES OF ORGANIZATION |
| 32337030001 | 7/30/2012 | PUB OF ARTICLES OF ORGANIZATION |

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07/11/2012 12:21 FAX 8022855100

Mariscal Weeks

AZ Corp. Commission



03943973

**AZ CORPORATION COMMISSION
FILED**

ARTICLES OF ORGANIZATION

JUL 11 2012

OF

FILE NO. L1774605-2 ACTION PRO WHITE, LLC

ARTICLE 1 - NAME

The name of the limited liability company is ACTION PRO WHITE, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 7702 E. Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability

07/11/2012 12:21 FAX 6022855100

Mariscal Weeks

0004/0005

company are:

Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated: July 10, 2012.

Shannon Golden-Schubert
Shannon Golden-Schubert - Organizer

07/11/2012 12:21 FAX 8022855100

Mariscal Weeks

0005/0005

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of ACTION PRO WHITE LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.

By David I. Thompson
David I. Thompson, Esq.
For the Firm

PJM\ACTION-PRO-WHITE-DIVARTS-ACTION

PX1

Ostrum Attachment BB

Corporate Records

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/14/2017 12:58:42 PM

File Number:
L17699418

Corporation Name:
BELLAATHOME, LLC

[Collapse](#) | [Expand](#)

Corporate Inquiry

| File Number | Corporation Name | Check Corporate Status |
|-------------|------------------|-------------------------------|
| L17699418 | BELLAATHOME, LLC | Check Corporate Status |

Domestic Address

7702 E DOUBLETREE RANCH ROAD
STE 300
%WAVE ROCK LLC
SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: NATIONAL CORPORATE RESEARCH LT

Agent Mailing/Physical Address:

- Arizona Corporation Commission eCorp

815 N FIRST AVE #4
PHOENIX, AZ 85003

Agent Status: APPOINTED 05/13/2014

Agent Last Updated: 05/15/2014

Additional Entity Information

| | |
|--------------------------------------|---|
| Entity Type: DOMESTIC L.L.C. | Business Type: |
| Incorporation Date: 6/20/2012 | Corporation Life Period: PERPETUAL |
| Domicile: ARIZONA | County: MARICOPA |
| Approval Date: 6/22/2012 | Original Publish Date: 7/9/2012 |

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC | MANAGER | 7702 E DOUBLETREE RANCH ROAD STE 300 SCOTTSDALE, AZ 85258 | 06/20/2012 | 06/22/2012 |
| WAVE ROCK LLC | MEMBER | 7702 E DOUBLETREE RANCH ROAD STE 300 SCOTTSDALE, AZ 85258 | 06/20/2012 | 06/22/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

| <p>Click on a gold button below to view a document. If the button is gray, the document is not yet available. Please check back again later.</p> | | |
|--|---------------------------------|---------------|
| Document Number | Description | Date Received |
| 04671499 | AGENT APPOINTMENT | 5/13/2014 |
| 03975269 | PUB OF ARTICLES OF ORGANIZATION | 7/9/2012 |
| 03934984 | ARTICLES OF ORGANIZATION | 6/20/2012 |

| Microfilm | | |
|-------------|-----------|---------------------------------|
| Location | Entered | Description |
| 32332012026 | 6/20/2012 | ARTICLES OF ORGANIZATION |
| 32335094010 | 7/9/2012 | PUB OF ARTICLES OF ORGANIZATION |

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06/20/2012 16:41 FAX 6022855100

MARISCAL&WEEKS

AZ Corp. Commission



03934984

**AZ CORPORATION COMMISSION
FILED**

JUN 20 2012

ARTICLES OF ORGANIZATION

RECEIVED 6-20-2012 1-169941-8

OF

BellaAtHome, LLC

ARTICLE 1 - NAME

The name of the limited liability company is BellaAtHome, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is c/o Wave Rock LLC, 7702 E. Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona, 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability company are:

06/20/2012 16:41 FAX 6022855100

MARISCAL&WEEKS

004/005

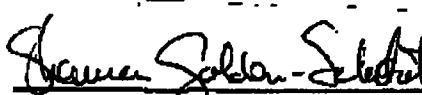
Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 E. Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated: June 15, 2012.



Shannon Golden-Schubert - Organizer

06/20/2012 16:41 FAX 6022855100

MARISCAL&WEEKS

005/005

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of BellaAtHome, LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

**MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.**

By 

David I. Thompson, Esq.
For the Firm

PJM/BELLA-AT-HOME-DITARTS-BELLA

AZ Corp. Commission



04671499

RECEIVED

MAY 13 2014

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT**

Read the Instructions L0201

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed.
The form will be rejected if those sections are not completed.

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:

BELLAATHOME, LLC

2. A.C.C. FILE NUMBER:

L-1769941-8

Find the A.C.C. file number on the upper corner of this document or on our website at <http://www.azcc.az.gov/divisions/corporations>
3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

| | |
|--|---|
| 3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes): | 3.2 Optional – List the NEW known place of business address in Arizona (must be a street or physical address): |
| | |

Attention (optional)
7702 E. Doubletree Ranch Road, #300
 Address 1

Address 2 (optional)
Scottsdale AZ 85258
 City State Zip
 Address 2 (optional)
 City State Zip

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? Yes No

4. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission before any changes (this is the existing statutory agent):

| | |
|---|--|
| 4.1 REQUIRED – list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | 4.2 REQUIRED – list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent: |
| Mariscal Weeks McIntyre & Frie Statutory Agent Name | |
| Attention (optional) 2901 N. Central Avenue, #200 Address 1 | Attention (optional) Address 1 |
| Address 2 (optional) Phoenix AZ 85012 City State Zip Address 2 (optional) City State Zip | |

4.3

CHANGE IN EXISTING STATUTORY AGENT NAME ONLY – If the name only of the existing statutory agent listed in number 5.1 above has changed, check the box and give the new name of the existing statutory agent below:

4.4

CHANGE IN EXISTING STATUTORY AGENT ADDRESS – check all that apply and follow instructions:

STREET ADDRESS CHANGED – complete number 4.5.
 MAILING ADDRESS CHANGED – complete number 4.6.

4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:

| | | |
|----------------------|----------------------|-----|
| Address 1 | Address 2 (optional) | |
| Address 2 (optional) | Address 2 (optional) | |
| City | State | Zip |

4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):

| | | |
|----------------------|----------------------|-----|
| Address 1 | Address 2 (optional) | |
| Address 2 (optional) | Address 2 (optional) | |
| City | State | Zip |

5. NEW STATUTORY AGENT – If a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent:

5.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:

National Corporate Research, Ltd.

Statutory Agent Name

Attention (optional)

815 North First Avenue, Suite #4

Address 1

Address 2 (optional)

Phoenix

State

AZ

85003

5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):

Attention (optional)

Address 1

Address 2 (optional)

City

State

Zip

5.3 REQUIRED – If you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.

SIGNATURE - see Instructions 10201 for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

 Jenny Johnson Printed Name 5/2/14 Date

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> I am the Individual Manager of this manager-managed LLC or I am signing for an entity manager named: Wave Rock, LLC | <input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named: | <input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name. |
|--|---|--|

| | |
|--|---|
| Filing Fee: \$5.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|--|---|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for these matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 600-345-5819.

DO NOT WRITE ABOVE THIS LINE: RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002I

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

BELLAATHOME, LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): **L-1769941-8**
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>
3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). *NOTE* - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

National Corporate Research, Ltd.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Alexis Cassidy, Asst. Secretary
Printed Name



J. H. Zorn
Date

REQUIRED – check only one:

| | |
|---|--|
| <input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|--|

| | |
|--|---|
| Filing Fee: none (regular processing) Expedited processing – (available only if this form is submitted by itself) add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|--|---|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5619.

PX1

Ostrum Attachment BC

Corporate Records

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/7/2017 2:18:53 PM

File Number:
L17318707

Corporation Name:
BLIZZARDWHITE, LLC

[Collapse](#) | [Expand](#)

Corporate Inquiry

| File Number | Corporation Name | Check Corporate Status |
|-------------|--------------------|---|
| L17318707 | BLIZZARDWHITE, LLC | <input type="button" value="Check Corporate Status"/> |

Domestic Address

% WAVE ROCK LLC
7702 E DOUBLETREE RANCH RD
#300
SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: NATIONAL CORPORATE RESEARCH LT

Agent Mailing/Physical Address:

- Arizona Corporation Commission eCorp

815 N FIRST AVE STE #4
PHOENIX, AZ 85003

Agent Status: APPOINTED 05/13/2014

Agent Last Updated: 05/15/2014

Additional Entity Information

| | |
|--------------------------------------|---|
| Entity Type: DOMESTIC L.L.C. | Business Type: |
| Incorporation Date: 1/12/2012 | Corporation Life Period: PERPETUAL |
| Domicile: ARIZONA | County: MARICOPA |
| Approval Date: 1/17/2012 | Original Publish Date: 1/30/2012 |

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC | MANAGER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |
| WAVE ROCK LLC | MEMBER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

| <p>Click on a gold button below to view a document. If the button is gray, the document is not yet available. Please check back again later.</p> | | |
|--|---------------------------------|---------------|
| Document Number | Description | Date Received |
| 04671500 | AGENT APPOINTMENT | 5/13/2014 |
| 04003914 | CHANGE(S) | 8/31/2012 |
| 04003913 | CHANGE(S) | 8/31/2012 |
| 03775752 | PUB OF ARTICLES OF ORGANIZATION | 1/30/2012 |
| 03733303 | ARTICLES OF ORGANIZATION | 1/12/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32291010034 | 1/12/2012 | ARTICLES OF ORGANIZATION |
| 32321082026 | 1/30/2012 | PUB OF ARTICLES OF ORGANIZATION |
| 32338069018 | 8/31/2012 | CHANGE(S) |
| 32338069019 | 8/31/2012 | CHANGE(S) |

[Print Details](#)

- Arizona Corporation Commission eCorp

[Privacy Policy](#) | [Contact Us](#)

[http://ecorp.azcc.gov/Details/Corp?corpId=L17318707\[3/7/2017 4:18:57 PM\]](http://ecorp.azcc.gov/Details/Corp?corpId=L17318707[3/7/2017 4:18:57 PM])

Ostrum Attachment BC-4

JAN 12 2012 10:12 FR MARISCAL WEEKS

6022855100 TO 96025

AZ Corp. Commission



03733303

AZ CORPORATION COMMISSION
FILED

ARTICLES OF ORGANIZATION

JAN 12 2012

OF

BlizzardWhite, LLC

FILE NO. L-1731870-7

ARTICLE 1 - NAME

The name of the limited liability company is BlizzardWhite, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 7702 Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona, 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER WHO OWNS A TWENTY PERCENT OR GREATER INTEREST IN THE CAPITAL OR PROFITS AND EACH MANAGER

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability company are:

JAN 12 2012 10:13 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.04/05

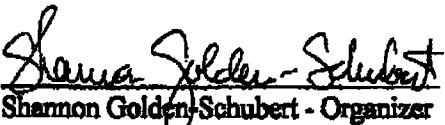
Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or
duties as organizer other than the filing of these Articles of Organization.

Dated January 6, 2012.



Sharon Golden-Schubert
Sharon Golden-Schubert - Organizer

JAN 12 2012 10:13 FR MARISCAL WEEKS

6022855100 TO 96025424100

P. 05/05

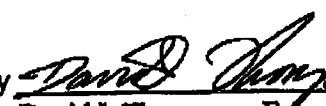
APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of BlizzardWhite, LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.

By



David I. Thompson, Esq.
For the Firm

PJM\BLIZZARDWHITE-DIV\ARTS-BLIZZARDWHITE



RECEIVED

04003914

AUG 31 2012

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed. The form will be rejected if those sections are not completed.

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:
 BLIZZARDWHITE, LLC

2. A.C.C. FILE NUMBER: L-1731870-7

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

| | | | | | |
|--|-------------|--------------|---|-------------|--------------|
| 3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes): | | | 3.2 Optional - List the NEW known place of business address in Arizona (must be a street or physical address): | | |
| | | | c/o Wave Rock, LLC | | |
| Attention (optional) | | | Attention (optional) | | |
| 7702 Doubletree Ranch Rd #300 | | | 7702 E. Doubletree Ranch Road, Suite 300 | | |
| Address 1 | | | Address 1 | | |
| Address 2 (optional) City Scottsdale | AZ State | 85258 Zip | Address 2 (optional) City Scottsdale | AZ State | 85258 Zip |

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? Yes No

4. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

| | | | | | |
|--|-------------|--------------|---|-------------|--------------|
| 4.1 REQUIRED – list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | | | 4.2 REQUIRED – list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent: | | |
| Mariscal, Weeks, McIntyre & Friedlander, P.A. Statutory Agent Name | | | | | |
| Attention (optional) | | | Attention (optional) | | |
| 2901 N Central Ave #200 | | | 2901 N Central Ave #200 | | |
| Address 1 | | | Address 1 | | |
| Address 2 (optional) City Phoenix | AZ State | 85012 Zip | Address 2 (optional) City Phoenix | AZ State | 85012 Zip |

4.3 **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – If the *name only* of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

4.4 **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** – check all that apply and follow instructions:

STREET ADDRESS CHANGED – complete number 4.5.
 MAILING ADDRESS CHANGED – complete number 4.6.

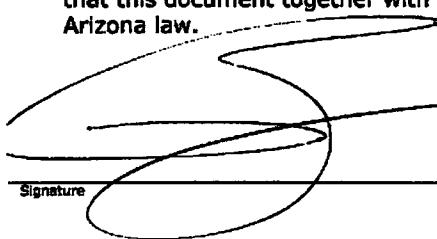
| | | | | |
|--|---|----------------------|-------|-----|
| 4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | 4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): | | | |
| Attention (optional) | | Attention (optional) | | |
| Address 1 | | Address 1 | | |
| Address 2 (optional) | Address 2 (optional) | City | City | |
| City | State | Zip | State | Zip |

| | | | | | |
|---|---|-------|-------|-----|-----|
| 5. <input type="checkbox"/> NEW STATUTORY AGENT – if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent : | | | | | |
| 5.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent : | 5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box): | | | | |
| Statutory Agent Name | | | | | |
| Attention (optional) | | | | | |
| Address 1 | | | | | |
| Address 2 (optional) | Address 2 (optional) | | | | |
| City | City | State | State | Zip | Zip |
| 5.3 REQUIRED – If you are appointing a new statutory agent, the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Statement of Change form. | | | | | |

SIGNATURE – see *Instructions L020i* for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.


 I ACCEPT
 Blair McNea, CEO 8/15/12
 Signature Printed Name Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named: Wave Rock, LLC | <input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named: | <input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name. |
|--|---|--|

| | |
|--|---|
| Filing Fee: \$5.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|--|---|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
 If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

PX1

Ostrum Attachment BD

Corporate Records

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/14/2017 1:06:48 PM

File Number:
L17318729

Corporation Name:
BODY TROPICAL, LLC

[Collapse](#) | [Expand](#)

Corporate Inquiry

| File Number | Corporation Name | Check Corporate Status |
|-------------|--------------------|-------------------------------|
| L17318729 | BODY TROPICAL, LLC | Check Corporate Status |

Domestic Address

% WAVE ROCK LLC
7702 E DOUBLETREE RANCH RD
#300
SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: NATIONAL CORPORATE RESEARCH LT
Agent Mailing/Physical Address:

- Arizona Corporation Commission eCorp

815 N FIRST AVE
PHOENIX, AZ 85003

Agent Status: APPOINTED 05/20/2014

Agent Last Updated: 05/22/2014

Additional Entity Information

| | |
|--------------------------------------|---|
| Entity Type: DOMESTIC L.L.C. | Business Type: |
| Incorporation Date: 1/12/2012 | Corporation Life Period: PERPETUAL |
| Domicile: ARIZONA | County: MARICOPA |
| Approval Date: 1/17/2012 | Original Publish Date: 1/30/2012 |

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC | MANAGER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |
| WAVE ROCK LLC | MEMBER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

Click on a gold button below to view a document. If the button is gray, the document is not yet available. Please check back again later.

| Document Number | Description | Date Received |
|-----------------|---------------------------------|---------------|
| 04663141 | AGENT APPOINTMENT | 5/20/2014 |
| 04003912 | CHANGE(S) | 8/31/2012 |
| 04003911 | CHANGE(S) | 8/31/2012 |
| 03775753 | PUB OF ARTICLES OF ORGANIZATION | 1/30/2012 |
| 03733304 | ARTICLES OF ORGANIZATION | 1/12/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32291010035 | 1/12/2012 | ARTICLES OF ORGANIZATION |
| 32321082027 | 1/30/2012 | PUB OF ARTICLES OF ORGANIZATION |
| 32338069016 | 8/31/2012 | CHANGE(S) |
| 32338069017 | 8/31/2012 | CHANGE(S) |

[Print Details](#)

- Arizona Corporation Commission eCorp

[Privacy Policy](#) | [Contact Us](#)

[http://ecorp.azcc.gov/Details/Corp?corpId=L17318729\[3/14/2017 4:06:36 PM\]](http://ecorp.azcc.gov/Details/Corp?corpId=L17318729[3/14/2017 4:06:36 PM])

Ostrum Attachment BD-4

JAN 12 2012 10:30 FR MARISCAL WEEKS

6022855100 TO 9602

AZ Corp. Commission



03733304

**AZ CORPORATION COMMISSION ARTICLES OF ORGANIZATION
FILED**

JAN 12 2012

OF

BODY TROPICAL, LLC

FILE NO. L-1731872-9

ARTICLE 1 - NAME

The name of the limited liability company is **BODY TROPICAL, LLC**.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 7702 Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona, 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability company are:

JAN 12 2012 10:30 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.04/05

Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated January 6, 2012.

Shannon Golden-Schubert
Shannon Golden-Schubert - Organizer

JAN 12 2012 10:30 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.05/05

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of BODY TROPICAL, LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

**MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.**

By David I. Thompson
David I. Thompson, Esq.
For the Firm

PJM\BODY-TROPICAL-DIVARTS-BODY

AZ Corp. Commission



04663141

RECEIVED**MAY 20 2014****ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION****DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.**

**LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT**

Read the Instructions L0201

NOTE - no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed.
The form will be rejected if those sections are not completed.

1. **ENTITY NAME** - give the exact name of the LLC as currently shown in A.C.C. records:

BODY TROPICAL, LLC

2. **A.C.C. FILE NUMBER:**

L-1731872-9

Find the A.C.C. file number on the upper corner of filed documents on our website at: <http://www.azcc.az.gov/Corporations/>

3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

3.1 **REQUIRED** - list the known place of business address currently shown in A.C.C. records (before any changes):

c/o Wave Rock LLC

Address 1 (optional)

7702 E. Doubletree Ranch Road

Address 1

#300

Address 2 (optional)

Scottsdale

City

AZ

State

85258

Zip

3.2 **Optional** - List the NEW known place of business address in Arizona (must be a street or physical address):

Address 1 (optional)

Address 1

Address 2 (optional)

City

State

Zip

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? Yes No

4. **CURRENT OR EXISTING STATUTORY AGENT** - list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission before any changes (this is the existing statutory agent):

4.1 **REQUIRED** - list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:

Mariscal Weeks McIntyre & Frie

Statutory Agent Name

Address 1 (optional)

2901 N. Central Avenue #200

Address 1

Address 2 (optional)

Phoenix

City

AZ

State

85012

Zip

4.2 **REQUIRED** - list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:

Address 1 (optional)

Address 1

Address 2 (optional)

City

State

Zip

L020101
Rev. 2010Arizona Corporation Commission - Corporations Division
Page 1 of 2

4.3 **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** - If the name only of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

4.4 **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** - check all that apply and follow instructions:

STREET ADDRESS CHANGED - complete number 4.5.
 MAILING ADDRESS CHANGED - complete number 4.6.

| | | | | | |
|--|---|----------------------|------|-------|-----|
| 4.5 - NEW STREET ADDRESS - give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | 4.6 NEW MAILING ADDRESS - give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): | | | | |
| Address (optional) | | | | | |
| Address 1 | | Address 1 | | | |
| Address 2 (optional) | | Address 2 (optional) | | | |
| City | State | Zip | City | State | Zip |

5. **NEW STATUTORY AGENT** - If a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent:

| | | | | | |
|---|--|----------------------|------|-------|-----|
| 5.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent: | 5.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box): | | | | |
| Statutory Agent Name | | | | | |
| Address (optional) | | | | | |
| 815 North First Avenue | | Address (optional) | | | |
| Address 1 | | Address 1 | | | |
| Suite #4 | | | | | |
| Address 2 (optional) | | Address 2 (optional) | | | |
| City | State | Zip | City | State | Zip |
| 5.3 REQUIRED - If you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form. | | | | | |

SIGNATURE - see Instructions L0201 for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge, *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Signature

Jenny Johnson

Printed Name

Stile K

Date

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named: Wave Rock, LLC | <input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named: | <input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name. |
|--|---|--|

Filing Fee: \$5.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum procedure required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3028 or (within Arizona only) 800-345-5619.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002!*

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

BODY TROPICAL, LLC

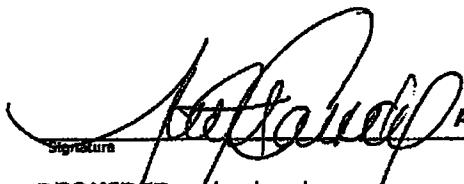
2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): **L-1731872-9**
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). **NOTE** - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

National Corporate Research, Ltd.**STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Signature

Alexis Cassidy, Asst. Secretary

Printed Name



Date

REQUIRED – Check only one:

| | |
|---|--|
| <input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|--|

| | |
|---|---|
| Filing Fee: none (regular processing) Expedited processing – (available only if this form is submitted by itself) add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|---|---|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

AZ. Corp. Commission



04003912

RECEIVED

AUG 8 1 2012

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

LLC STATEMENT OF CHANGE OF MANAGER OR MEMBER ADDRESSES

Read the Instructions L021i

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:
BODY TROPICAL, LLC

2. A.C.C. FILE NUMBER: L-1731872-9

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. MANAGER ADDRESSES – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form.
If the person is also a member, also list their name, address, and new address in the Member Addresses section.

| | | | | | | | |
|---|--|-------|-------|--|--|-------|-------|
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Wave Rock, LLC | | | | 7702 E. Doubletree Ranch Road, Suite 300 | | | |
| Name 1 7702 Doubletree Ranch Rd #300 | | | | Address 1 | | | |
| Address 2 (optional) Scottsdale | | | | Address 2 (optional) Scottsdale | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | AZ | 85258 | Country | | AZ | 85258 |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 2 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 3 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 4 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |

4. **MEMBER ADDRESSES** - for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. *If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.*

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Wave Rock, LLC Name 1 7702 Doubletree Ranch Rd #300 Address 1 Address 2 (optional) Scottsdale City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> AZ <input type="text"/> 85258 | | | | 7702 E. Doubletree Ranch Road, Suite 300 Address 1 Address 2 (optional) Scottsdale City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> AZ <input type="text"/> 85258 | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 2 Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 3 Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 4 Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |

SIGNATURE: By checking the box marked "I Accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Blair McNea, CEO

8.15.12

Signature

Printed Name

Date

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:

• Wave Rock, LLC

I am a Member of this member-managed LLC or I am signing for an entity member named:

Filing Fee: \$5.00 (regular processing)
 Expedited processing - add \$35.00 to filing fee.
 All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
 1300 W. Washington St., Phoenix, Arizona 85007
 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

PX1

Ostrum Attachment BE

Corporate Records

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/7/2017 2:21:46 PM

File Number:
L17491836

Corporation Name:
BRASS TRIANGLE, LLC

[Collapse](#) | [Expand](#)

| Corporate Inquiry | | |
|-------------------|---------------------|---|
| File Number | Corporation Name | Check Corporate Status |
| L17491836 | BRASS TRIANGLE, LLC | <input type="button" value="Check Corporate Status"/> |

| Domestic Address | |
|--|--|
| 4600 E WASHINGTON ST #300 PHOENIX, AZ 85034 | |

| Statutory Agent Information | |
|---|--|
| Agent Name: NATIONAL CORPORATE RESEARCH LT Agent Mailing/Physical Address: 815 N FIRST AVE STE 4 PHOENIX, AZ 85003 | |

[http://ecorp.azcc.gov/Details/Corp?corpId=L17491836\[3/7/2017 4:21:32 PM\]](http://ecorp.azcc.gov/Details/Corp?corpId=L17491836[3/7/2017 4:21:32 PM])

Ostrum Attachment BE-1

- Arizona Corporation Commission eCorp

Agent Status: APPOINTED 05/20/2014

Agent Last Updated: 05/22/2014

Additional Entity Information

Entity Type: DOMESTIC L.L.C.

Business Type:

Incorporation Date: 3/23/2012

Corporation Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 3/27/2012

Original Publish Date: 4/9/2012

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------------|---------|--|-----------------------|--------------|
| MEGAN GOODMAN-ARNDT | MANAGER | 4600 E WASHINGTON ST #300 PHOENIX, AZ 85034 | 03/23/2012 | 03/27/2012 |
| MEGAN GOODMAN-ARNDT | MEMBER | 4600 E WASHINGTON ST #300 PHOENIX, AZ 85034 | 03/23/2012 | 03/27/2012 |
| BODY TROPICAL LLC | MEMBER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 03/23/2012 | 09/26/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

Click on a gold button below to view a document. If the button is gray, the document is not yet available. Please check back again later.

| Document Number | Description | Date Received |
|-----------------|---------------------------------|---------------|
| 04663136 | AGENT APPOINTMENT | 5/20/2014 |
| 04003910 | CHANGE(S) | 8/31/2012 |
| 03862470 | PUB OF ARTICLES OF ORGANIZATION | 4/9/2012 |
| 03821576 | ARTICLES OF ORGANIZATION | 3/23/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32324057035 | 3/23/2012 | ARTICLES OF ORGANIZATION |
| 32327003003 | 4/9/2012 | PUB OF ARTICLES OF ORGANIZATION |
| 32338069015 | 8/31/2012 | CHANGE(S) |

[Print Details](#)

[Privacy Policy](#) | [Contact Us](#)

03/23/2012 13:52 FAX 6022855100

MARISCAL & WEEKS

Digitized by srujanika@gmail.com

AZ Corp. Commission



03821576

ARTICLES OF ORGANIZATION

AZ CORPORATION COMMISSION
FILED

MAR 23 2012

BRASS TRIANGLE, LLC

FILE NO. 1.17N 91836

ARTICLE I - NAME

The name of the limited liability company is BRASS TRIANGLE, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 4600 E. Washington Street - Suite 300, Phoenix, Arizona 85034, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability

03/23/2012 13:52 FAX 8022855100

MARISCAL&WEEKS

004/005

company are:

Megan Goodman-Arndt
4600 E. Washington Street - Suite 300
Phoenix, Arizona 85034

Member and
Manager

Body Tropical, LLC, an Arizona
limited liability company
7702 Doubletree Ranch Road - Suite 300
Scottsdale, Arizona 85258

Member

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated: March 22, 2012.

Shannon Golden-Schubert
Shannon Golden-Schubert - Organizer

03/23/2012 13:52 FAX 6022855100

MARISCAL&WEEKS

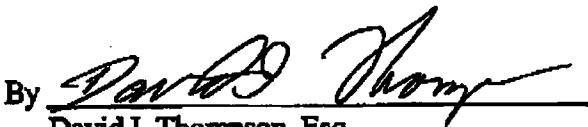
005/005

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of **BRASS TRIANGLE, LLC**, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

**MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.**

By 
David I. Thompson, Esq.
For the Firm

PJM/BRASS-TRIANGLE-DITARTS-BRASS

PX1

Ostrum Attachment BF

Corporate Records

2-2

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/14/2017 1:00:53 PM

File Number:
L17318751

Corporation Name:
CIRCLE OF YOUTH SKINCARE, LLC

[Collapse](#) | [Expand](#)

| Corporate Inquiry | | |
|--|-------------------------------|---|
| File Number | Corporation Name | Check Corporate Status |
| L17318751 | CIRCLE OF YOUTH SKINCARE, LLC | <input type="button" value="Check Corporate Status"/> |
| Domestic Address | | |
| 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | | |
| Statutory Agent Information | | |
| Agent Name: NATIONAL CORPORATE RESEARCH LT | | |
| Agent Mailing/Physical Address: 815 N FIRST AVE STE #4 | | |

[http://ecorp.azcc.gov/Details/Corp?corpId=L17318751\[3/14/2017 4:00:43 PM\]](http://ecorp.azcc.gov/Details/Corp?corpId=L17318751[3/14/2017 4:00:43 PM])

Ostrum Attachment BF-1

- Arizona Corporation Commission eCorp

PHOENIX, AZ 85003

Agent Status: APPOINTED 05/13/2014

Agent Last Updated: 05/15/2014

Additional Entity Information

Entity Type: DOMESTIC L.L.C.

Business Type:

Incorporation Date: 1/12/2012

Corporation Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 1/17/2012

Original Publish Date: 1/30/2012

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC | MANAGER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |
| WAVE ROCK LLC | MEMBER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

Click on a gold button below to view a document. If the button is gray, the document is not yet available. Please check back again later.

| Document Number | Description | Date Received |
|-----------------|---------------------------------|---------------|
| 04671501 | AGENT APPOINTMENT | 5/13/2014 |
| 04003909 | CHANGE(S) | 8/31/2012 |
| 04003908 | CHANGE(S) | 8/31/2012 |
| 03775751 | PUB OF ARTICLES OF ORGANIZATION | 1/30/2012 |
| 03733306 | ARTICLES OF ORGANIZATION | 1/12/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32291010037 | 1/12/2012 | ARTICLES OF ORGANIZATION |
| 32321082025 | 1/30/2012 | PUB OF ARTICLES OF ORGANIZATION |
| 32338069013 | 8/31/2012 | CHANGE(S) |
| 32338069014 | 8/31/2012 | CHANGE(S) |

[Print Details](#)

[Privacy Policy](#) | [Contact Us](#)

- Arizona Corporation Commission eCorp

<http://ecorp.azcc.gov/Details/Corp?corpId=L17318751> [3/14/2017 4:00:43 PM]

Ostrum Attachment BF-4

JAN 12 2012 10:44 FR MARISCAL WEEKS

6022855100 TO 96025

AZ Corp. Commission



03733306

AZ CORPORATION COMMISSION
FILED

ARTICLES OF ORGANIZATION

JAN 12 2012

OF

FILE NO. L-1731875 / CIRCLE OF YOUTH SKINCARE, LLC

ARTICLE 1 - NAME

The name of the limited liability company is CIRCLE OF YOUTH SKINCARE, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 7702 Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona, 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability

JAN 12 2012 10:44 FR MARISCAL WEEKS

6022655100 TO 96025424100

P.04/05

company are:

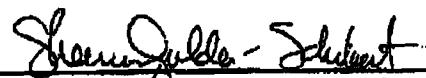
Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or
duties as organizer other than the filing of these Articles of Organization.

Dated January 6, 2012.



Shannon Golden-Schubert - Organizer

JAN 12 2012 10:44 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.05/05

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of CIRCLE OF YOUTH SKINCARE, LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.

By David I. Thompson
David I. Thompson, Esq.
For the Firm

PJM/CIRCLE-OF-YOUTH-DIVARTS-CIRCLE

AZ Corp. Commission



04671501

RECEIVED

MAY 13 2014

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions L0201

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed.
 The form will be rejected if those sections are not completed.

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:

CIRCLE OF YOUTH SKINCARE, LLC

2. A.C.C. FILE NUMBER: **L-1731875-1**

Find the A.C.C. file number on the upper corner of filed documents OR on our website at <http://www.azcc.gov/Divisions/Corporations>

3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

| | | | | | |
|--|--|--------------|------|-------|-----|
| 3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes): | 3.2 Optional - List the NEW known place of business address in Arizona (must be a street or physical address): | | | | |
| Attention (optional) | | | | | |
| 7702 E. Doubletree Ranch Road, #300 | | | | | |
| Address 1 | | | | | |
| Address 2 (optional) | | | | | |
| City Scottsdale | State AZ | Zip 85258 | City | State | Zip |
| 3.3 If you completed 3.2, Is the NEW known place of business address in Arizona the same as the street address of the statutory agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

4. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission before any changes (this is the existing statutory agent):

| | | | | | |
|--|---|--------------|------|-------|-----|
| 4.1 REQUIRED – list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | 4.2 REQUIRED – list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent: | | | | |
| Mariscal Weeks McIntyre & Frie Statutory Agent Name | | | | | |
| Attention (optional) | | | | | |
| 2901 N. Central Avenue, #200 | | | | | |
| Address 1 | | | | | |
| Address 2 (optional) | | | | | |
| City Phoenix | State AZ | Zip 85012 | City | State | Zip |

10201.001
Rev. 2010

Arizona Corporation Commission – Corporations Division
Page 1 of 3

4.3 **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – If the name only of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

4.4 **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** – check all that apply and follow instructions:

STREET ADDRESS CHANGED – complete number 4.5.
 MAILING ADDRESS CHANGED – complete number 4.6.

| | | | | | |
|--|---|----------------------|------|-------|-----|
| 4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | 4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): | | | | |
| Attention (optional) | | | | | |
| Address 1 | | Address 1 | | | |
| Address 2 (optional) | | Address 2 (optional) | | | |
| City | State | Zip | City | State | Zip |

| | | |
|--|-------|-----|
| 5. <input checked="" type="checkbox"/> NEW STATUTORY AGENT – If a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent: | | |
| 5.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent: | | |
| <p>National Corporate Research, Ltd. Statutory Agent Name</p> | | |
| Attention (optional) | | |
| 815 North First Avenue, Suite #4 | | |
| Address 1 | | |
| Address 2 (optional) | | |
| City | State | Zip |
| 5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box): | | |
| Attention (optional) | | |
| Address 1 | | |
| Address 2 (optional) | | |
| City | State | Zip |
| 5.3 REQUIRED – If you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form. | | |

SIGNATURE - see Instructions 1020j for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I-ACCEPT

 **Jenny Johnson** 5/2/14
Signature Printed Name Date

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> I am the Individual Manager of this manager-managed LLC or I am signing for an entity manager named: Wave Rock, LLC | <input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named: | <input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name. |
|---|---|--|

| | |
|--|---|
| Filing Fee: \$5.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|--|---|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 600-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002!*

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

CIRCLE OF YOUTH SKINCARE, LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): **L-1731875-1**
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>
3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). *NOTE* - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

National Corporate Research, Ltd.**STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Alexis Cassidy, Asst. Secretary
Printed Name



Date: **7/12/2014**

REQUIRED – check only one:

| | |
|---|--|
| <input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|--|

Filing Fee: none (regular processing)
Expedited processing – (available only if this form is submitted by itself) add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

AZ Corp. Commission



04003909

RECEIVED

AUG 31 2012

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**LLC STATEMENT OF CHANGE
OF MANAGER OR MEMBER ADDRESSES***Read the Instructions L021i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
CIRCLE OF YOUTH SKINCARE, LLC

2. **A.C.C. FILE NUMBER: L-1731875-1**

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **MANAGER ADDRESSES** – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. *If the person is also a member, also list their name, address, and new address in the Member Addresses section.*

| | | | | | | | |
|---|--|-------|-------|--|--|-------|-------|
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Wave Rock, LLC | | | | 7702 E. Doubletree Ranch Road, Suite 300 | | | |
| Name 1 7702 Doubletree Ranch Rd #300 | | | | Address 1 | | | |
| Address 1 | | | | | | | |
| Address 2 (optional) Scottsdale | | | | Address 2 (optional) Scottsdale | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | AZ | 85258 | Country | | AZ | 85258 |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 2 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 3 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 4 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |

4. **MEMBER ADDRESSES** – for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. *If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.*

| | | | | | | | | | | | |
|---|--|-------|----|--|-------|---------|--|-------|----|-----|-------|
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | | | | | |
| Wave Rock, LLC | | | | 7702 E. Doubletree Ranch Road, Suite 300 | | | | | | | |
| Name 1 7702 Doubletree Ranch Rd #300 | | | | Address 1 | | | | | | | |
| Address 2 (optional) Scottsdale | | | | Address 2 (optional) Scottsdale | | | | | | | |
| City | | State | AZ | Zip | 85258 | City | | State | AZ | Zip | 85258 |
| Country | | | | | | Country | | | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | | | | | |
| Name 2 | | | | | | | | | | | |
| Address 1 | | | | Address 1 | | | | | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | |
| Country | | | | | | Country | | | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | | | | | |
| Name 3 | | | | | | | | | | | |
| Address 1 | | | | Address 1 | | | | | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | |
| Country | | | | | | Country | | | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | | | | | |
| Name 4 | | | | | | | | | | | |
| Address 1 | | | | Address 1 | | | | | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | |
| Country | | | | | | Country | | | | | |

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Blair McNea, CEO

Signature

Printed Name

8.15.12

Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

| | |
|--|---|
| <input checked="" type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named: Wave Rock, LLC | <input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named: |
|--|---|

| | |
|--|---|
| Filing Fee: \$5.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|--|---|

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

PX1

Ostrum Attachment BG

Corporate Records

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/7/2017 2:28:29 PM

File Number:
L17318784

Corporation Name:
DENTAL PRO AT HOME, LLC

[Collapse](#) | [Expand](#)

Corporate Inquiry

| File Number | Corporation Name | Check Corporate Status |
|-------------|-------------------------|---|
| L17318784 | DENTAL PRO AT HOME, LLC | <input type="button" value="Check Corporate Status"/> |

Domestic Address

% WAVE ROCK LLC
7702 E DOUBLETREE RANCH RD
#300
SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: NATIONAL CORPORATE RESEARCH LT

Agent Mailing/Physical Address:

- Arizona Corporation Commission eCorp

815 N FIRST AVE STE #4
PHOENIX, AZ 85003

Agent Status: APPOINTED 05/13/2014

Agent Last Updated: 05/15/2014

Additional Entity Information

| | |
|--------------------------------------|---|
| Entity Type: DOMESTIC L.L.C. | Business Type: |
| Incorporation Date: 1/12/2012 | Corporation Life Period: PERPETUAL |
| Domicile: ARIZONA | County: MARICOPA |
| Approval Date: 1/17/2012 | Original Publish Date: 1/30/2012 |

Manager/Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC | MANAGER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |
| WAVE ROCK LLC | MEMBER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

Click on a gold button below to view a document. If the button is gray, the document is not yet available. Please check back again later.

| Document Number | Description | Date Received |
|-----------------|---------------------------------|---------------|
| 04671502 | AGENT APPOINTMENT | 5/13/2014 |
| 04003886 | CHANGE(S) | 8/31/2012 |
| 04003887 | CHANGE(S) | 8/31/2012 |
| 03775750 | PUB OF ARTICLES OF ORGANIZATION | 1/30/2012 |
| 03733307 | ARTICLES OF ORGANIZATION | 1/12/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32291010038 | 1/12/2012 | ARTICLES OF ORGANIZATION |
| 32321082024 | 1/30/2012 | PUB OF ARTICLES OF ORGANIZATION |
| 32338069002 | 8/31/2012 | CHANGE(S) |
| 32338069003 | 8/31/2012 | CHANGE(S) |

[Print Details](#)

- Arizona Corporation Commission eCorp

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[http://ecorp.azcc.gov/Details/Corp?corpId=L17318784\[3/7/2017 4:28:11 PM\]](http://ecorp.azcc.gov/Details/Corp?corpId=L17318784[3/7/2017 4:28:11 PM])

Ostrum Attachment BG-4

JAN 12 2012 10:50 FR MARISCAL WEEKS

6022855100 TO 96025

AZ Corp. Commission



03733307

**AZ CORPORATION COMMISSION
FILED
JAN 12 2012
DENTAL PRO AT HOME, LLC
FILE NO. L-1731878-4**

ARTICLE 1 - NAME

The name of the limited liability company is DENTAL PRO AT HOME, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 7702 Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona, 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability

JAN 12 2012 10:50 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.04/05

company are:

Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated January 6, 2012.

Shannon Golden-Schubert

Shannon Golden-Schubert - Organizer

JAN 12 2012 10:50 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.05/05

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of DENTAL PRO AT HOME, LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.

By David I. Thompson
David I. Thompson, Esq.
For the Firm

P/M/DENTAL-PRO-DITARTS-DENTAL-PRO

RECEIVED

AUG 31 2012

AZ Corp. Commission



04003887

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

LLC STATEMENT OF CHANGE OF MANAGER OR MEMBER ADDRESSES

Read the Instructions L021!

1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:

DENTAL PRO AT HOME, LLC

2. A.C.C. FILE NUMBER: L-1731878-4

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. MANAGER ADDRESSES – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. *If the person is also a member, also list their name, address, and new address in the Member Addresses section.*

| | | | | | | | |
|---|----|-------|-----|--|----|-------|-----|
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Wave Rock, LLC | | | | 7702 E. Doubletree Ranch Road, Suite 300 | | | |
| Name 1 7702 Doubletree Ranch Rd #300 | | | | Address 1 | | | |
| Address 2 (optional) Scottsdale | | | | Address 2 (optional) Scottsdale | | | |
| City | | State | Zip | City | | State | Zip |
| Country | AZ | 85258 | | Country | AZ | 85258 | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 2 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 3 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 4 | | | | | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| Country | | | | Country | | | |

4. **MEMBER ADDRESSES** – for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. *If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.*

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Wave Rock, LLC Name 1 7702 Doubletree Ranch Rd #300 Address 1 Address 2 (optional) Scottsdale City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | 7702 E. Doubletree Ranch Road, Suite 300 Address 1 Address 2 (optional) Scottsdale City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 2 Address 3 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 3 Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |
| NAME AND ADDRESS BEFORE CHANGES: | | | | NEW ADDRESS ONLY: | | | |
| Name 4 Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | | Address 1 Address 2 (optional) City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/> | | | |

SIGNATURE: By checking the box marked "Accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Blair McNea, CEO

Signature

Printed Name

Date

8.15.12

REQUIRED check only one and fill in the corresponding blank if signing for an entity:

| | |
|---|--|
| <input checked="" type="checkbox"/> I am the <u>individual Manager</u> of this manager-managed LLC or I am signing for an entity manager named: | <input type="checkbox"/> I am a <u>Member</u> of this member-managed LLC or I am signing for an entity member named: |
|---|--|

Wave Rock, LLC

Filing Fee: \$5.00 (regular processing)
 Expedited processing – add \$35.00 to filing fee.
 All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
 1300 W. Washington St., Phoenix, Arizona 85007
 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

PX1

Ostrum Attachment BH

Corporate Records

- Arizona Corporation Commission eCorp



eCorp

Search for an Entity Name

Search Date and Time:
3/14/2017 1:04:48 PM

File Number:
L17319867

Corporation Name:
DERMAGLAM, LLC

[Collapse](#) | [Expand](#)

Corporate Inquiry

| File Number | Corporation Name | Check Corporate Status |
|-------------|------------------|--|
| L17319867 | DERMAGLAM, LLC | Check Corporate Status |

Domestic Address

% WAVE ROCK LLC
7702 E DOUBLETREE RANCH RD
#300
SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: NATIONAL CORPORATE RESEARCH LT

Agent Mailing/Physical Address:

- Arizona Corporation Commission eCorp

815 N FIRST AVE STE 4
PHOENIX, AZ 85003

Agent Status: APPOINTED 05/20/2014

Agent Last Updated: 05/22/2014

Additional Entity Information

| | |
|--------------------------------------|---|
| Entity Type: DOMESTIC L.L.C. | Business Type: |
| Incorporation Date: 1/12/2012 | Corporation Life Period: PERPETUAL |
| Domicile: ARIZONA | County: MARICOPA |
| Approval Date: 1/17/2012 | Original Publish Date: 1/30/2012 |

Manager Member Information

| Name | Title | Address | Date of Taking Office | Last Updated |
|---------------|---------|---|-----------------------|--------------|
| WAVE ROCK LLC | MANAGER | 7702 E DOUBLETREE RANCH RD #300 SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |
| WAVE ROCK LLC | MEMBER | 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85258 | 01/12/2012 | 09/26/2012 |

Scanned Documents

- Arizona Corporation Commission eCorp

Click on a gold button below to view a document. If the button is gray, the document is not yet available.
Please check back again later.

| Document Number | Description | Date Received |
|-----------------|---------------------------------|---------------|
| 04663140 | AGENT APPOINTMENT | 5/20/2014 |
| 04003885 | CHANGE(S) | 8/31/2012 |
| 04003884 | CHANGE(S) | 8/31/2012 |
| 03775756 | PUB OF ARTICLES OF ORGANIZATION | 1/30/2012 |
| 03733313 | ARTICLES OF ORGANIZATION | 1/12/2012 |

Microfilm

| Location | Entered | Description |
|-------------|-----------|---------------------------------|
| 32291010044 | 1/12/2012 | ARTICLES OF ORGANIZATION |
| 32321082032 | 1/30/2012 | PUB OF ARTICLES OF ORGANIZATION |
| 32338068050 | 8/31/2012 | CHANGE(S) |
| 32338069001 | 8/31/2012 | CHANGE(S) |

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<http://ecorp.azcc.gov/Details/Corp?corpId=L17319867> [3/14/2017 4:04:36 PM]

Ostrum Attachment BH-4

JAN 12 2012 11:07 FR MARISCAL WEEKS

6022855100 TO 9602

AZ Corp. Commission



03733313

AZ CORPORATION COMMISSION
FILED

JAN 12 2012

**ARTICLES OF ORGANIZATION
OF**

DermaGlam, LLC

FILE NO. L-1731986-7

ARTICLE 1 - NAME

The name of the limited liability company is DermaGlam, LLC.

ARTICLE 2 - REGISTERED OFFICE

The registered office of the limited liability company is 7702 Doubletree Ranch Road - Suite 300, Scottsdale, Arizona 85258, which is located in the County of Maricopa, Arizona.

ARTICLE 3 - STATUTORY AGENT

The name and address of the statutory agent of the limited liability company is Mariscal, Weeks, McIntyre & Friedlander, P.A., 2901 N. Central Avenue - Suite 200, Phoenix, Arizona, 85012-2705.

ARTICLE 4 - MANAGEMENT

Management of the limited liability company is vested in a manager or managers.

**ARTICLE 5 - NAME AND ADDRESS OF EACH MEMBER
WHO OWNS A TWENTY PERCENT OR GREATER INTEREST
IN THE CAPITAL OR PROFITS AND EACH MANAGER**

The name and address of each member who owns a twenty percent or greater interest in the capital or profits and each manager of the limited liability company are:

JAN 12 2012 11:08 FR MARISOL WEEKS

6022855100 TO 96025424100

P. 04/05

Wave Rock, LLC, a Nevada
limited liability company
Suite 300
7702 Doubletree Ranch Road
Scottsdale, Arizona 85258

Member and Manager

ARTICLE 6 - ORGANIZER

The undersigned organizer shall have no authority, responsibilities, or duties as organizer other than the filing of these Articles of Organization.

Dated January 6, 2012.



Shannon Golden-Schubert - Organizer

JAN 12 2012 11:08 FR MARISCAL WEEKS

6022855100 TO 96025424100

P.05/05

APPOINTMENT OF STATUTORY AGENT

A. The undersigned has been named as the statutory agent in the Articles of Organization of DermaGlam, LLC, an Arizona limited liability company (the "Company"), which have been delivered for filing with the Arizona Corporation Commission.

B. The undersigned has been notified of its appointment as agent of the Company and hereby accepts its appointment as statutory agent of the Company.

MARISCAL, WEEKS, MCINTYRE &
FRIEDLANDER, P.A.

By David I. Thompson
David I. Thompson, Esq.
For the Firm

PJM/DERMAGLAM-DIT/ARTS-DERMAGLAM

AZ Corp. Commission



04663140

RECEIVED

MAY 20 2014

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RECEIVED FOR ACC USE ONLY.

LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENTRead the Instructions [L0201](#)

NOTE - no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed.
The form will be rejected if those sections are not completed.

1. ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:

DERMAGLAM, LLC

2. A.C.C. FILE NUMBER:

L-1731986-7

Find the A.C.C. file number on the upper corner of your documents OR on our website at: <http://www.azcc.gov/Corporations/>

3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

3.1 REQUIRED - list the known place of business address currently shown in A.C.C. records (before any changes):

3.2 Optional - List the NEW known place of business address in Arizona (must be a street or physical address):

c/o Wave Rock LLC

Address 1 (optional)

7702 E. Doubletree Ranch Road

Address 1

#300

Address 2 (optional)

Scottsdale

AZ

85258

Address 2 (optional)

City

State

Zip

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? Yes No

4. CURRENT OR EXISTING STATUTORY AGENT. - list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission before any changes (this is the existing statutory agent):

4.1 REQUIRED - list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:

4.2 REQUIRED - list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:

Mariscal Weeks McIntyre & Frie

Statutory Agent Name

Address 1 (optional)

2901 N. Central Avenue #200

Address 1

Address 2 (optional)

Phoenix

AZ

85012

Address 2 (optional)

City

State

Zip

1200.001

Rev 2/2012

Arizona Corporation Commission - Corporation Division

Page 1 of 3

4.3 **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** - If the name only of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

4.4 **CHANGE IN EXISTING STATUTORY AGENT ADDRESS** - check all that apply and follow instructions:

STREET ADDRESS CHANGED - complete number 4.5.
 MAILING ADDRESS CHANGED - complete number 4.6.

| | | | |
|--|---|----------------------|-----|
| 4.5 NEW STREET ADDRESS - give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent: | 4.6 NEW MAILING ADDRESS - give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): | | |
| Attention (optional) | | Attention (optional) | |
| Address 1 | | Address 1 | |
| Address 2 (optional) | City | State | Zip |
| Address 2 (optional) | City | State | Zip |

5. **NEW STATUTORY AGENT** - if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent:

5.1 **REQUIRED** - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:

National Corporate Research, Ltd.

Statutory Agent Name

Attention (optional)

815 North First Avenue

Address 1

Suite #4

Address 2 (optional)

Phoenix

AZ

85003

City

State

Zip

5.2 **OPTIONAL** - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):

Attention (optional)

Address 1

Address 2 (optional)

City

State

Zip

5.3 **REQUIRED** - If you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.

SIGNATURE – see Instructions 1020; for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change. -

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT


Signature

Jenny Johnson

Printed Name

5/10/14

Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

I am the Individual Manager of this manager-managed LLC or I am signing for an entity manager named:

Wave Rock, LLC

I am a Member of this member-managed LLC or I am signing for an entity member named:

I am a Statutory Agent changing only my own address and/or my own name.

Filing Fee: \$5.00 (regular processing)
Expedited processing – add \$35.00 to filing fee.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that ACC fees reflect only the minimum penalties required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3826 or (within Arizona only) 486-345-5819.